Name in Full: Banks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek — County: Dorchester

Date of death: 1904 — Month: Dec. — Day: 26th

Age: Years: 0 — Months: 0 — Days: 4

Sex: Female — Color or Race: Col. — Birthplace: Dor. Co. Md.

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed: Infant — Name of Wife or Husband: —

Father's Name: William H. Banks — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Idey May Styles — Mother's Birthplace: " " "

Name of person giving Information: Ida M. Banks — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Don't know — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Sanitarium M.D.

Address: Church Creek Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Emma R. Bespitch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: 1904; Month: Dec.; Day: 4

Age: Years: —; Months: 7; Days: 25

Sex: Male

Color or Race: white

Birthplace: Cambridge

Occupation: —

Where Residing If not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: Wm J. Bespitch

Father's Birthplace: Dor. Co. Md

Mother's Maiden Name: Elizabeth A. Wilson

Mother's Birthplace: Dor. Co. Md

Name of person giving information: Wm J. Bespitch

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchopneumonia — How long: 2 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full: Sarah L. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Aniup County: Dorchester

Date of death: Month Dec. Day 28 Year 1904

Age: Years — Months 9 Days 21

Sex: Female

Color or Race: Colored

Birthplace: Dor Co. Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: Robt. H. Brown

Father's Birthplace: Dor Co. Md

Mother's Maiden Name: Mary Stanley

Mother's Birthplace: Dor. Co. Md

Name of person giving information: Robt. H. Stanley

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diarrhoea — How long: 105

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Child died when 8 months old. Never had nurse.

Signature of Physician: Henry Slacks

Address: Cambridge Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66016

Name in Full: James Cephus

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fork Neck - Drawbridge P.O. County: Dorchester Co.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age	Years	Months	Days
1904	Dec.	24th		65		

Sex: Male

Color or Race:

Birthplace: Dorchester Co.

Occupation: Laborer

Where Residing if not at place of death: Fork Neck Drawbridge P.O.

Married, Single or Widowed:

Name of Wife or Husband: Amelia Cephus no.

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Ritta Dennard

Mother's Birthplace:

Name of person giving Information: Family - Maria Perry a daughter

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy S Cecil

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A5881Q

Name in Full: Elmer Milton Collison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge County: Dorchester

Date of death: Month: Dec. Day: 23 Year: 1904

Age: Years: 8 Months: 4 Days:

Sex: Male Color or Race: White Birthplace: Cambridge

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Wesley Stack Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Sallie E. Collison Mother's Birthplace: Dor. Co. Md.

Name of person giving information: Sallie E. Collison How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus How long: all his life

Immediate: Exhaustion & Cerebral Adynamia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Stack

Address: Cambridge Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88810

Name in Full: Ethel Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylor Island; County: Dorchester

Date of death 1904: Month: Dec.; Day: 13; Age: Years: 9; Months: ; Days:

Sex: Female; Color or Race: African; Birthplace: Md.

Occupation: ; Where Residing if not at place of death: ;

Married, Single or Widowed: Single; Name of Wife or Husband: ;

Father's Name: Aaron Cornish; Father's Birthplace: Md.

Mother's Maiden Name: Sophia Wilson; Mother's Birthplace: Md

Name of person giving Information: Mose Wilson; How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever; How long: 2 weeks

Immediate: Cardiac Failure; How long: ;

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. H. Shriver Jr.

Address: Taylor Island

Dor. Co. Md.

Accident or Suicide? ;

LIBRARY BUREAU A88816

Name in Full: Helen Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylors Island — County: Dorchester

Date of death: 1904 — Month: Dec. — Day: 5 — Age — Years: 16 — Months — Days

Sex: Female — Color or Race: African — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or ~~Widowed~~: Single — Name of Wife or Husband

Father's Name: Alex. Cornish — Father's Birthplace: Md.

Mother's Maiden Name: Lear Jane Wilson — Mother's Birthplace: Md.

Name of person giving In formation: John H. Wilson — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 2 wks.

Immediate: Cardiac Failure — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Jos. K. Shriver, Jr.

Address: Taylors Island. Dor. Co. Md

Accident or Suicide?

LIBRARY BUREAU A6881S

Name in Full: Nettie May Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek; County: Dorchester

Date of death: Month: Dec; Day: 2nd; 1904

Age: Years: 5; Months: 7; Days: 12

Sex: Female

Color or Race: Col.

Birthplace: Dor. Co. Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Cornish

Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Augusta Tennalls

Mother's Birthplace: Dor. Co. Md.

Name of person giving information: Augusta Cornish

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't know

How long: 5 months

Immediate: Don't know

How long:

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Sauerbrun M.D.

Address: Church Creek Md.

Accident or Suicide?

179

LIBRARY BUREAU A88816

Name in Full: Wm. H. Dean

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hooperville — County: Dorchester

Date of death 1904 — Month: Dec. — Day: 8

Age — Years: 50 — Months: 9 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Dorchester Co.

Married, Single or Widowed: Married — Occupation: Oysterman

Name of Wife or Husband: Mary Jane Lewis

Father's Name: Chas Dean — Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Patty Ruark — Mother's Birthplace: Dorchester Co.

Name of person giving In formation: Wm. C. Dean — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun shot wound of Left Chest — How long:

Immediate: Hemorrhage - Collapse — How long: 45 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W.H. Houston M.D.

Address: Finings Crack Md.

Accident or Suicide? Accident.

LIBRARY BUREAU A38518

Name in Full: Hester A. Gainby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylors Island; County: Dorchester

Date of death 1904: Month: Dec.; Day: 17; Years: Age 72; Months; Days

Sex: Female; Color or Race: African; Birthplace: Md

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married; Name of Wife or Husband: John Gainby

Father's Name: Stephen Comish; Father's Birthplace: Md

Mother's Maiden Name: Maria Thompson; Mother's Birthplace:

Name of person giving In formation: Saml F. Connell; How related to deceased: Nephew

CAUSES OF DEATH

Primary: Pneumonia; How long: 1 week

Immediate: Cardiac Failure; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. F. Shriver Jr

Address: Taylors Island Dor. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A5551G

Name in Full: Andrew J. Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: Dec; Day: 15; 1904

Age: Years: 71; Months; Days

Sex: Male

Color or Race: White

Birthplace: Caroline Co Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed

Name of Wife or Husband: Louise Miller

Father's Name: Lot Harris

Father's Birthplace: Caroline Co Md

Mother's Maiden Name: Nancy Thornton

Mother's Birthplace: Caroline Co Md

Name of person giving Information: Mrs Louie Harris

How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis 120

How long: Several Years

Immediate: Uraemia

How long: A few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D W Goldsborough

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Jas Hill Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Vienna — County: Dorchester

Date of death 190	Month	Day	Years	Months	Days
	12	27	Age —	2.	8

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: Black — Birthplace: Vienna

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Jas Hill — Father's Birthplace: Vienna

Mother's Maiden Name: R. Ball — Mother's Birthplace: Vienna

Name of person giving Information: Jas Hill 36 — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hereditary Syphilis — How long:

Immediate: Convulsions — How long: half hour.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W.P. Elliott

Address: Vienna

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Aireys — County: Dorchester

Date of death: 1904 — Month: Dec — Day: 28th — Years: ~~2~~ — Months: — Days: 3

Sex: Male — Color or Race: White — Birthplace: Aireys

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John Hancock — Father's Birthplace: Dor Co. Md

Mother's Maiden Name: Annie Shenton — Mother's Birthplace: Dor Co. Md

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 4 9

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: LeCompte Harper

Address:

Accident or Suicide?

LIBRARY BUREAU A68016

Name in Full: Susan B. McCumpston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: 1904; Month: June; Day: 12

Age: Years: 66; Months: 1; Days: 16

Sex: Female; Color or Race: White; Birthplace: Dor. Co. Md.

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Phillip A. McCumpston

Father's Name: John Hubbard; Father's Birthplace: Dor Co. Md.

Mother's Maiden Name: Margaret Beckwith; Mother's Birthplace: Dor. Co. Md.

Name of person giving In formation: Mary Smith; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Uterus & Hemiplegia; How long: 6 mons

Immediate: Exhaustion from Carcinoma; How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy S Tull

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Edward D. Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Airey — County: Dorchester

Date of death: Month: 1907 — Day: 17 — Years: 30 — Months: Age 13 — Days: 1

Sex: Male — Color or Race: Colored — Birthplace: Dentons, Md.

Occupation: School Boy — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: David M. Martin — Father's Birthplace: Dentons, Md.

Mother's Maiden Name: Clara Wilson — Mother's Birthplace: Dentons, Md.

Name of person giving Information: Susan Murdock — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Appendicitis — How long: 5 days

Immediate: Peritonitis & Pneumonia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Wolfe

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Archer G Moore

CERTIFICATE OF DEATH

MARYLAND

Died at Hills Point (Town) — County: Dorchester

Date of death	Month	Day	Years	Months	Days
1904	Dec	17	Age 71	5	

Sex: Male — Color or Race: White — Birthplace: Hills Point Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Amanda Moore

Father's Name: Moore — Father's Birthplace: Lloyds Md

Mother's Maiden Name: Anne Applegarth — Mother's Birthplace: — —

Name of person giving Information: T. L Moore — How related to deceased: nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease — How long: 1 yr

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Henry Nichols

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Salem (Town) — County: Dorchester

Date of death: Month: Dec. — Day: 1 — Year: 1904 — Age: Years: 54 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Dr. Co. Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Charlotte Nichols

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving In formation: Charlotte Nichol — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright disease — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Samuel H. Harper Undertaker

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Susan A. Nichols

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek; County: Dorchester

Date of death: Month: Dec. Day: 9th 1904; Age: Years 65 Months — Days —

Sex: Female; Color or Race: Col.; Birthplace: Dor Co Md

Occupation: Midwife; Where Residing if not at place of death: —

~~Married, Single~~ or Widowed; Name of ~~Wife or~~ Husband: Gabriel Nichols

Father's Name: Edward Moore; Father's Birthplace: Dor Co Md

Mother's Maiden Name: Angie Todd; Mother's Birthplace: " " "

Name of person giving Information: Peter Nichols; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis; How long: 2 to 3 years

Immediate: Uraemia (Convulsions); How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Lenthicum M.D.

except age which is uncertain

Address

Accident or Suicide?

LIBRARY BUREAU A83819

Name in Full: Elizabeth Perry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylor's Island; County: Dorchester

Date of death 1904: Month: Dec.; Day: 16; Age: Years: 49; Months: 8; Days: 8

Sex: Female; Color or Race: African; Birthplace: Md

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married; Name of Wife or Husband: Major Perry

Father's Name: Solomon Travers; Father's Birthplace: Md

Mother's Maiden Name: Rosta Travers; Mother's Birthplace: Md

Name of person giving information: George Palmer; How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation; How long: 18 mos.

Immediate: Loss of Compensation; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. K. Shriver Jr.

Address: Taylor's Island Dor. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Slacum

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: Dec — Day: 23 — Years: 1904 — Age: Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Cambridge Md

Occupation: — Where Residing if not at place of death: Cambridge Md

Married, Single or ~~Widowed~~ — Name of Wife or ~~Husband~~:

Father's Name: M. C Slacum — Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: Elizabeth Carter — Mother's Birthplace: ~~Dorchester Co Md~~ Delaware

Name of person giving Imformation: Elizabet — How related to deceased: Mother

150

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Opening for anus ovdo (Cyanosis) — How long: After minutes

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: B W Goslee M D

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A60316

Name in Full: Marion Stanley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Aireys — County: Talbot

Date of death: Month: Dec — Day: 8 — Years: — — Months: 1 — Days: 14

Sex: Female — Color or Race: Colored — Birthplace: Aireys

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Unknown — Father's Birthplace

Mother's Maiden Name: Martinia Stanley — Mother's Birthplace: Aireys

Name of person giving Information: Thomas Patten — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal-Nutrition — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm [illegible] Asst Med Exp

Address: Aireys Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Steele

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Cambridge (County) Dorchester

Date of death: Month Dec. Day 30 — Age: Years — Months — Days 1

Sex: Male — Color or Race: White — Birthplace: Cambridge Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Guy Steele — Father's Birthplace: Dr. Co. Md

Mother's Maiden Name: Elsie Hughes — Mother's Birthplace: Spotsylvania Va

Name of person giving Information: Guy Steele 176 — How related to deceased: Father

CAUSES OF DEATH

Primary: Compression of Brain Fracture Ordinary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Elizabeth S. Ward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: 12 — Day: 3 — Year: 1904

Age: Years: 28 — Months: 10 — Days: 17

Sex: Female — Color or Race: Blk — Birthplace: Md.

Occupation: Housework — Where Residing If not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Elija Ward

Father's Name: Chas Sampson — Father's Birthplace: Md

Mother's Maiden Name: Harriet Hopkins — Mother's Birthplace: Md

Name of person giving information: Elija Ward — How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis + Peritonitis — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. E. Wolff M. D.

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A66616